

CITY OF BRECKENRIDGE  
105 North Rose Avenue  
Breckenridge, Texas 76424

FAILURE TO PROVIDE REQUESTED INFORMATION COULD RESULT IN DENIAL OF UTILITY SERVICES

THIS SECTION TO BE COMPLETED BY NEW CUSTOMER

Service Address: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License or ID #: \_\_\_\_\_ State: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

List Names of ALL Adults Living at this Address: \_\_\_\_\_

Prior Service in Breckenridge? \_\_\_\_\_ Yes \_\_\_\_\_ No Prior Service Address: \_\_\_\_\_

Prior Service Address: \_\_\_\_\_ Prior Service Address: \_\_\_\_\_

If Yes, Under What Name(s)?: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

Employer Full Address: \_\_\_\_\_

SANITATION SERVICES REQUESTED: Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Poly Cart(s) \_\_\_\_\_ 1.5 Yard Dump. \_\_\_\_\_ 3 Yard Dump. \_\_\_\_\_

COMMERCIAL P-UP FREQ.: 1x/week \_\_\_\_\_ 2x/week \_\_\_\_\_ 3x/week \_\_\_\_\_ 4x/week \_\_\_\_\_ 5x/week \_\_\_\_\_

The following information is to comply with Federal regulations for funding received from the USDA:

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female Ethnicity: \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

Race: \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ White or Caucasian \_\_\_\_\_ Other

Customer Refused to Complete – Visually completed by Clerk \_\_\_\_\_ (Clerks Initials)

\*\*\*\*\*

**FOR OFFICE USE ONLY**

\*\*\*\*\*

Date Deposit Received: \_\_\_\_\_ Deposit #: \_\_\_\_\_

Account #: \_\_\_\_\_ Date Service Connected: \_\_\_\_\_

Comments: \_\_\_\_\_



## *City of Breckenridge*

### SERVICE AGREEMENT

The following are the terms of the service agreement between the CITY OF BRECKENRIDGE (the Water System) and \_\_\_\_\_ (the Customer).

Service Address: \_\_\_\_\_

ACCT. #: \_\_\_\_\_

- A. The Water System will maintain a copy of this agreement as long as the Customer and/or the premises is connected to the Water System.
- B. The Customer shall allow his property to be inspected for possible cross-connections and other potential contamination hazards. These inspections shall be conducted by the Water System or its designated agent prior to initiating new water service; when there is reason to believe that cross-connections or other potential contamination hazards exist; or after any major changes to the private water distribution facilities. The inspections shall be conducted during the Water System's normal business hours.
- C. The Water System shall notify the Customer in writing of any cross-connection or other potential contamination hazard which has been identified during the initial inspection or the periodic reinspection.
- D. The Customer shall immediately remove or adequately isolate any potential cross-connections or other potential contamination hazards on his premises.
- E. The Customer shall, at his expense, properly install, test, and maintain any backflow prevention device required by the Water System. Copies of all testing and maintenance records shall be provided to the Water System.

#### ENFORCEMENT

If the Customer fails to comply with the terms of the Service Agreement, the Water System shall, at its option, either terminate service or properly install, test, and maintain an appropriate backflow prevention device at the service connection. Any expenses associated with the enforcement of this agreement shall be billed to the Customer.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

CITY OF BRECKENRIDGE  
WATER UTILITY RECORDS  
**CONFIDENTIALITY REQUEST FORM**

As required by Sec. 182.052, Confidentiality of Personal Information, Utilities Code, a government utility may not disclose personal information in a customer's account record, or any information relating to the volume or units of utility usage or the amounts billed to or collected from the individual for utility usage, if the customer requests that the government-operated utility keep the information confidential. The customer may rescind a request for confidentiality by providing the government-operated utility written permission to disclose personal information.

If you wish confidentiality of the personal information in your utility account records, please sign and return this form by mail or in person to:

Water Billing Department  
City Offices  
105 North Rose Avenue  
Breckenridge, TX 76424

If you have any questions concerning this form, please contact the Water Department at 254-559-8287.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Account Name

\_\_\_\_\_  
Account #